

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2007Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning **APR 1, 2007** and ending **MAR 31, 2008****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**THE AMERICAN BREAST CANCER FOUNDATION
INC.**

Number and street (or P.O. box if mail is not delivered to street address)

1220-B EAST JOPPA ROAD

Room/suite

332

City or town, state or country, and ZIP + 4

BALTIMORE, MD 21286**D** Employer identification number**52-2031814****E** Telephone number**410-825-9388****F** Accounting method ☐ Cash ☒ Accrual
Other (Specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **WWW.ABCF.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **10,209,162.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue

Expenses

Net Assets

1 Contributions, gifts, grants, and similar amounts received:**a** Contributions to donor advised funds**b** Direct public support (not included on line 1a)**c** Indirect public support (not included on line 1a)**d** Government contributions (grants) (not included on line 1a)**e** Total (add lines 1a through 1d) (cash \$ **9,958,431.** noncash \$ **5,950.**)**2** Program service revenue including government fees and contracts (from Part VII, line 93)**3** Membership dues and assessments**4** Interest on savings and temporary cash investments**5** Dividends and interest from securities**6 a** Gross rents**b** Less: rental expenses**c** Net rental income or (loss). Subtract line 6b from line 6a**7** Other investment income (describe ▶)**8 a** Gross amount from sales of assets other than inventory**b** Less: cost or other basis and sales expenses**c** Gain or (loss) (attach schedule)**d** Net gain or (loss). Combine line 8c, columns (A) and (B)**9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions reported on line 1b)**b** Less: direct expenses other than fundraising expenses**c** Net income or (loss) from special events. Subtract line 9b from line 9a**10 a** Gross sales of inventory, less returns and allowances**b** Less: cost of goods sold**c** Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a**11** Other revenue (from Part VII, line 103)**12** Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**13** Program services (from line 12, column (B))**14** Management and general (from line 12, column (C))**15** Fundraising (from line 12, column (D))**16** Payments to affiliates (attach schedule)**17** Total expenses. Add lines 13 and 14, column (A)**18** Excess or (deficit) for the year. Subtract line 17 from line 12**19** Net assets or fund balances at beginning of year (from line 73, column (A))**20** Other changes in net assets or fund balances (attach explanation)**21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20**1a****1b****1c****1d****1e****2****3****4****5****6a****6b****6c****7****8a****8b****8c****8d****9a****9b****9c****10a****10b****10c****11****12****13****14****15****16****17****18****19****20****21**

(A) Securities

114,203.

(B) Other

112,797.**1,406.****STMT 1**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2007)

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2007.06050 THE AMERICAN BREAST CANCER 52203181

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THE AMERICAN BREAST CANCER FOUNDATION

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INC.

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Part II **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|--------------------|----------------------|----------------------------|-------------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ <u>81,730</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/> | | | STATEMENT 4 | |
| | 81,730. | 81,730. | | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | 394,890. | 236,934. | 19,745. | 138,211. |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 0. | 0. | 0. | 0. |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 530,944. | 299,024. | 74,100. | 157,820. |
| 27 Pension plan contributions not included on lines 25a, b, and c | 11,484. | 6,522. | 1,585. | 3,377. |
| 28 Employee benefits not included on lines 25a - 27 | 98,612. | 49,306. | 29,584. | 19,722. |
| 29 Payroll taxes | 70,518. | 39,715. | 9,842. | 20,961. |
| 30 Professional fundraising fees | 7,560,325. | 4,536,195. | | 3,024,130. |
| 31 Accounting fees | 21,311. | | 19,393. | 1,918. |
| 32 Legal fees | 29,540. | | 26,881. | 2,659. |
| 33 Supplies | 14,876. | 10,414. | 2,231. | 2,231. |
| 34 Telephone | 39,918. | 27,942. | 5,988. | 5,988. |
| 35 Postage and shipping | 239,927. | 191,942. | 11,996. | 35,989. |
| 36 Occupancy | 155,417. | 46,625. | 62,167. | 46,625. |
| 37 Equipment rental and maintenance | 9,854. | 6,401. | 2,661. | 792. |
| 38 Printing and publications | 20,045. | 11,632. | 5,232. | 3,181. |
| 39 Travel | 9,546. | 4,649. | 110. | 4,787. |
| 40 Conferences, conventions, and meetings | | | | |
| 41 Interest | | | | |
| 42 Depreciation, depletion, etc. (attach schedule) | 23,851. | 14,310. | 7,156. | 2,385. |
| 43 Other expenses not covered above (itemize): | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| g SEE STATEMENT 3 | 1,822,860. | 1,610,996. | 48,937. | 162,927. |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 11,135,648. | 7,174,337. | 327,608. | 3,633,703. |

Joint Costs. Check ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☒ No ☐If "Yes," enter (i) the aggregate amount of these joint costs \$ 7,560,325. ; (ii) the amount allocated to Program services \$ 4,536,195. ;(iii) the amount allocated to Management and general \$ 0. ; and (iv) the amount allocated to Fundraising \$ 3,024,130.723011
12-27-07

Form 990 (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

TO PROVIDE EDUCATION AND ACCESS TO EARLY DETECTION SCREENINGS.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a TO PROVIDE INDIVIDUALS IN FINANCIAL NEED, THEIR FAMILIES AND THEIR LOVED ONES WITH EDUCATION, SUPPORT AND ACCESS TO EARLY DETECTION BREAST CANCER SCREENINGS. THE AMERICAN BREAST CANCER FOUNDATION HAS REACHED MILLIONS OF PEOPLE BY TELEPHONE, EDUCATIONAL MESSAGES AND NEWSLETTERS.

(Grants and allocations \$ 81,730.) If this amount includes foreign grants, check here ☐

7,174,337.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

7,174,337.

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Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | 2,067,656. | 45 | 1,514,881. |
| | 46 Savings and temporary cash investments | 1,026,596. | 46 | 731,469. |
| | 47 a Accounts receivable | 47a | | |
| | b Less: allowance for doubtful accounts | 47b | 47c | |
| | 48 a Pledges receivable | 48a | | |
| | b Less: allowance for doubtful accounts | 48b | 48c | |
| | 49 Grants receivable | | 49 | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | 50b | |
| | 51 a Other notes and loans receivable | 51a | | |
| | b Less: allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | 13,981. | 53 | 586. |
| | 54 a Investments - publicly-traded securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 212,798. | 54a | 110,763. |
| | b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54b | |
| 55 a Investments - land, buildings, and equipment: basis | 55a | | | |
| b Less: accumulated depreciation | 55b | 55c | | |
| 56 Investments - other | | 56 | | |
| 57 a Land, buildings, and equipment: basis | 178,862. | | | |
| b Less: accumulated depreciation | 99,789. | 73,806. | 57c | 79,073. |
| 58 Other assets, including program-related investments (describe SEE STATEMENT 5) | 4,528. | 58 | 4,388. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 3,399,365. | 59 | 2,441,160. | |
| Liabilities | 60 Accounts payable and accrued expenses | 114,461. | 60 | 169,776. |
| | 61 Grants payable | | 61 | 15,000. |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | |
| | 64 a Tax-exempt bond liabilities | | 64a | |
| | b Mortgages and other notes payable | | 64b | |
| | 65 Other liabilities (describe 0.) | 0. | 65 | 0. |
| 66 Total liabilities. Add lines 60 through 65 | 114,461. | 66 | 184,776. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | 2,761,409. | 67 | 2,252,141. |
| | 68 Temporarily restricted | 523,495. | 68 | 4,243. |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 3,284,904. | 73 | 2,256,384. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 3,399,365. | 74 | 2,441,160. |

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| | | |
|---|-------------------|----------------------|
| a Total revenue, gains, and other support per audited financial statements | | a 10,107,128. |
| b Amounts included on line a but not on Part I, line 12: | | |
| 1 Net unrealized gains on investments | b1 10,763. | |
| 2 Donated services and use of facilities | b2 | |
| 3 Recoveries of prior year grants | b3 | |
| 4 Other (specify) _____ | b4 | |
| Add lines b1 through b4 | | b 10,763. |
| c Subtract line b from line a | | c 10,096,365. |
| d Amounts included on Part I, line 12, but not on line a : | | |
| 1 Investment expenses not included on Part I, line 6b | d1 | |
| 2 Other (specify): _____ | d2 | |
| Add lines d1 and d2 | | d 0. |
| e Total revenue (Part I, line 12). Add lines c and d | | e 10,096,365. |

| | | | | |
|----------|---|-----------|----------|-------------|
| a | Total expenses and losses per audited financial statements | | a | 11,135,648. |
| b | Amounts included on line a but not on Part I, line 17: | | | |
| 1 | Donated services and use of facilities | b1 | | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | | |
| 3 | Losses reported on Part I, line 20 | b3 | | |
| 4 | Other (specify): | b4 | | |
| | Add lines b1 through b4 | | b | 0. |
| c | Subtract line b from line a | | c | 11,135,648. |
| d | Amounts included on Part I, line 17, but not on line a : | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | |
| 2 | Other (specify): | d2 | | |
| | Add lines d1 and d2 | | d | 0. |
| e | Total expenses (Part I, line 17) Add lines c and d | | e | 11,135,648. |

[illegible]

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

| | | | |
|--|-----|----------|----------|
| 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 5 | | | |
| b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 8 | 75b | X | |
| c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." | 75c | | X |
| If "Yes," attach a statement that includes the information described in the instructions. | | | |
| d Does the organization have a written conflict of interest policy? | 75d | X | |

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address <div style="text-align: center;">NONE</div> | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|------------------------|---|--|--|
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Part VI Other Information (See the instructions.) Yes No

| | | | |
|---|-----|--|----------|
| 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 76 | | X |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 77 | | X |
| 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? N/A | 78b | | |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | | X |
| 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | | X |
| b If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | | |
| 81 a Enter direct and indirect political expenditures (See line 81 instructions.) 81a 0. | | | |
| b Did the organization file Form 1120-POL for this year? | 81b | | X |

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| Part VI Other Information (continued) | | Yes | No |
|--|--|-----|------|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b | 0. |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X |
| b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | 83b | X |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | N/A |
| 85 a | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? | 85a | N/A |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | 85b | N/A |
| c | Dues, assessments, and similar amounts from members | 85c | N/A |
| d | Section 162(e) lobbying and political expenditures | 85d | N/A |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/A |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 | 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87 | 501(c)(12) organizations Enter: a Gross income from members or shareholders | 87a | N/A |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | N/A |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | X |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | 88b | X |
| 89 a | 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u> | 89a | 0. |
| b | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | 89c | 0. |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | 89d | 0. |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | X |
| f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | X |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | X |
| 90 a | List the states with which a copy of this return is filed NONE | 90a | NONE |
| b | Number of employees employed in the pay period that includes March 12, 2007 | 90b | 17 |
| 91 a | The books are in care of PHYLLIS WOLF Telephone no. 410-825-9388 Located at 1220-B EAST JOPPA ROAD, SUITE 332, BALTIMORE, MD ZIP + 4 21286 | 91a | X |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A | 91b | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c ☐ ☒

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

- a
- b
- c
- d
- e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

- a debt-financed property
- b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a **LIST RENTALS**

- b
- c
- d
- e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ **No**

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a

controlling organization as defined in section 512(b)(13). N/A

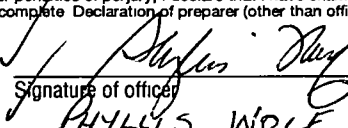
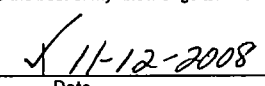
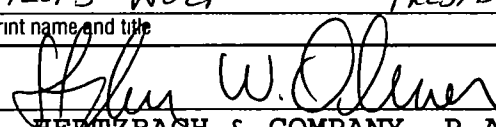
| | | | | Yes | No | |
|-----|--|--|--|-----|----|--|
| 106 | Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. | | | | | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|--|---|-----------------------------------|------------------------------|
| a | ----- ----- ----- | | | |
| b | ----- ----- ----- | | | |
| c | ----- ----- ----- | | | |
| Totals | | | | |

| | | | | Yes | No | |
|-----|---|--|--|-----|----|--|
| 107 | Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. | | | | | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|--|---|-----------------------------------|------------------------------|
| a | ----- ----- ----- | | | |
| b | ----- ----- ----- | | | |
| c | ----- ----- ----- | | | |
| Totals | | | | |

| | | | | Yes | No | |
|-----|--|--|--|-----|----|--|
| 108 | Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? | | | | | |

| | | | | | |
|--------------------------------|---|--|---|--|---|
| Please Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | | |
| |  Signature of officer | |  Date | | |
| Paid Preparer's Use Only |  Type or print name and title PHYLIS WOLF PRESIDENT | | Date 11/11/08 | | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 HERTZBACH & COMPANY, P.A. 800 RED BROOK BOULEVARD, SUITE 300 OWINGS MILLS, MD 21117 | | Preparer's SSN or PTIN (See Gen. Inst. X) EIN | | Phone no. 410-363-3200 |
| | | | | | |

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization **THE AMERICAN BREAST CANCER FOUNDATION
INC.**

Employer identification number
52 2031814

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| MARIA FOKIANOS 1220-B EAST JOPPA ROAD SUITE 332, BAL | BOOKKEEPER 40.00 | 80,640. | 1,300. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | 0 | | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|--|------------------|
| NON PROFIT PROMOTIONS 8707 HARFORD ROAD, BALTIMORE, MD 21234 | FUNDRAISING/SOLICITATION SERVICES | 2012630. |
| ORGANIZATIONAL DEVELOPMENT, INC. 5311 LAKE WORTH ROAD, LAKE WORTH, FL 33463 | FUNDRAISING/SOLICITATION SERVICES | 1709411. |
| COMMUNITY SUPPORT, INC. 9021 OGDEN AVENUE, BROOKFIELD, IL 60513 | FUNDRAISING/SOLICITATION SERVICES | 1517551. |
| DALE CORPORATION 28091 DEQUINDRE, MADISON HEIGHTS, MI 48071 | TELEMARKETING | 458,630. |
| JAK PRODUCTIONS 4501 CIRCLE 75 PARKWAY, SUITE 5280, ATLANTA, GA 3 | FUNDRAISING/SOLICITATION SERVICES | 424,954. |
| Total number of others receiving over \$50,000 for professional services | 8 | |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services | 0 | |

THE AMERICAN BREAST CANCER FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 **INC.**

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Part III Statements About Activities (See page 2 of the instructions.)

| | Yes | No |
|---|------------|------------|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | 1 | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | 2a | X |
| b Lending of money or other extension of credit? | 2b | X |
| c Furnishing of goods, services, or facilities? | 2c | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 | 2d | X |
| e Transfer of any part of its income or assets? | 2e | X |
| 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | 3a | X |
| b Did the organization have a section 403(b) annuity plan for its employees? | 3b | X |
| c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | 3c | X |
| d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | X |
| 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g | 4a | X |
| b Did the organization make any taxable distributions under section 4966? | 4b | N/A |
| c Did the organization make a distribution to a donor, donor advisor, or related person? | 4c | N/A |
| d Enter the total number of donor advised funds owned at the end of the tax year ► | N/A | |
| e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► | N/A | |
| f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► | 0. | |
| g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ► | 0. | |

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total ▶ | | | | | |

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

THE AMERICAN BREAST CANCER FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 **INC.**

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|---|-------------|-------------|-----------------|------------|-------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 15,338,007. | 16,174,600. | 11,179,137. | 7,316,830. | 50,008,574. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | 56,361. | 56,361. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 83,663. | 29,607. | 119. | | 113,389. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | SEE STATEMENT 9 | | |
| | | | | 225. | 225. |
| 23 Total of lines 15 through 22 | 15,421,670. | 16,204,207. | 11,179,256. | 7,373,416. | 50,178,549. |
| 24 Line 23 minus line 17 | 15,421,670. | 16,204,207. | 11,179,256. | 7,317,055. | 50,122,188. |
| 25 Enter 1% of line 23 | 154,217. | 162,042. | 111,793. | 73,734. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 1,002,444. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 486,500. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 50,122,188. |
| d Add: Amounts from column (e) for lines: 18 <u>113,389.</u> 19 <u>225.</u> 22 <u>486,500.</u> | | | | | 600,114. |
| e Public support (line 26c minus line 26d total) | | | | | 49,522,074. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 98.8027% |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A | | | | | |
| (2006) (2005) (2004) (2003) | | | | | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A | | | | | |
| (2006) (2005) (2004) (2003) | | | | | |
| c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> | | | | | |
| 17 <u> </u> 20 <u> </u> 21 <u> </u> | | | | | |
| d Add: Line 27a total <u> </u> and line 27b total <u> </u> | | | | | N/A |
| e Public support (line 27c total minus line 27d total) | | | | | N/A |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) | | | 27f | N/A | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | N/A % |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. | | | | | |

THE AMERICAN BREAST CANCER FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 INC.

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Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | Yes | No |
|--|-----|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | 31 | |
| | | |
| 32 Does the organization maintain the following: | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | 32d | |
| | | |
| 33 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | 33a | |
| b Admissions policies? | 33b | |
| c Employment of faculty or administrative staff? | 33c | |
| d Scholarships or other financial assistance? | 33d | |
| e Educational policies? | 33e | |
| f Use of facilities? | 33f | |
| g Athletic programs? | 33g | |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | 33h | |
| | | |
| 34 a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Schedule A (Form 990 or 990-EZ) 2007

THE AMERICAN BREAST CANCER FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 INC.

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ a ☐ if the organization belongs to an affiliated group.Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

| | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|---|--|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | N/A | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| 38 Total lobbying expenditures (add lines 36 and 37) | | |
| 39 Other exempt purpose expenditures | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - | | |
| If the amount on line 40 is - | | |
| Not over \$500,000 | 20% of the amount on line 40 | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| Over \$17,000,000 | \$1,000,000 | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | | |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | N/A (e) Total |
|--|--|-------------|-------------|-------------|---------------------|
| | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | |
| 45 Lobbying nontaxable amount | | | | | 0. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 0. |
| 47 Total lobbying expenditures | | | | | 0. |
| 48 Grassroots nontaxable amount | | | | | 0. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 0. |
| 50 Grassroots lobbying expenditures | | | | | 0. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

| Yes | No | Amount |
|-----|----|--------|
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | | 0. |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

| | | | |
|----------|---|-----------|---|
| FORM 990 | GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES | STATEMENT | 1 |
|----------|---|-----------|---|

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) |
|---|----------------------|------------------------|--------------------|-----------------------|
| 5824 SHS FIDELITY ADVISOR FLOATING RATE FUND | 56,610. | 55,824. | 0. | 786. |
| 6276 SHS OPPENHEIMER SENIOR FLOATING RATE FUND | 57,593. | 56,973. | 0. | 620. |
| TO FORM 990, PART I, LINE 8 | 114,203. | 112,797. | 0. | 1,406. |

| | | | |
|----------|--|-----------|---|
| FORM 990 | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT | 2 |
|----------|--|-----------|---|

| DESCRIPTION | AMOUNT |
|-------------------------------------|---------|
| UNREALIZED GAIN/LOSS ON INVESTMENTS | 10,763. |
| TOTAL TO FORM 990, PART I, LINE 20 | 10,763. |

| | | | |
|----------|----------------|-----------|---|
| FORM 990 | OTHER EXPENSES | STATEMENT | 3 |
|----------|----------------|-----------|---|

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|----------------------------|--------------|----------------------------|----------------------------------|--------------------|
| ADVERTISING | 66,897. | 53,077. | | 13,820. |
| AUTOMOBILE | 830. | 15. | | 815. |
| INSURANCE | 3,497. | 1,749. | 1,049. | 699. |
| LICENSES AND PERMITS | 3,027. | | 1,514. | 1,513. |
| PROGRAM SERVICES | 1,403,034. | 1,403,034. | | |
| MEALS AND ENTERTAINMENT | 3,473. | 240. | 2,189. | 1,044. |
| OFFICE EXPENSE | 109,438. | 76,172. | 16,944. | 16,322. |
| OUTSIDE SERVICES | 211,085. | 66,298. | 24,700. | 120,087. |
| TRAINING | 7,206. | 420. | 400. | 6,386. |
| UTILITIES | 14,273. | 9,991. | 2,141. | 2,141. |
| DONATIONS | 100. | | | 100. |
| TOTAL TO FM 990, LN 43 | 1,822,860. | 1,610,996. | 48,937. | 162,927. |

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) |
|---|----------------------|------------------------|--------------------|-----------------------|
| 5824 SHS FIDELITY ADVISOR FLOATING RATE FUND | 56,610. | 55,824. | 0. | 786. |
| 6276 SHS OPPENHEIMER SENIOR FLOATING RATE FUND | 57,593. | 56,973. | 0. | 620. |
| TO FORM 990, PART I, LINE 8 | 114,203. | 112,797. | 0. | 1,406. |

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

| DESCRIPTION | AMOUNT |
|-------------------------------------|---------|
| UNREALIZED GAIN/LOSS ON INVESTMENTS | 10,763. |
| TOTAL TO FORM 990, PART I, LINE 20 | 10,763. |

FORM 990 OTHER EXPENSES STATEMENT 3

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|----------------------------|--------------|----------------------------|----------------------------------|--------------------|
| ADVERTISING | 66,897. | 53,077. | | 13,820. |
| AUTOMOBILE | 830. | 15. | | 815. |
| INSURANCE | 3,497. | 1,749. | 1,049. | 699. |
| LICENSES AND PERMITS | 3,027. | | 1,514. | 1,513. |
| MAMMOGRAM SERVICES | 1,403,034. | 1,403,034. | | |
| MEALS AND ENTERTAINMENT | 3,473. | 240. | 2,189. | 1,044. |
| OFFICE EXPENSE | 109,438. | 76,172. | 16,944. | 16,322. |
| OUTSIDE SERVICES | 211,085. | 66,298. | 24,700. | 120,087. |
| TRAINING | 7,206. | 420. | 400. | 6,386. |
| UTILITIES | 14,273. | 9,991. | 2,141. | 2,141. |
| DONATIONS | 100. | | | 100. |
| TOTAL TO FM 990, LN 43 | 1,822,860. | 1,610,996. | 48,937. | 162,927. |

| | | | |
|----------|--|-----------|---|
| FORM 990 | CASH GRANTS AND ALLOCATIONS TO OTHERS | STATEMENT | 4 |
|----------|--|-----------|---|

| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS | AMOUNT |
|--|---------|
| RESEARCH AMERIMARK 6864 ENGLE ROAD CLEVELAND, OH 44130 | 5,730. |
| RESEARCH DOROTHY KAYE 4095 DENTZLER ROAD PARMA, OH 44131 | 1,000. |
| SUPPORT SERVICES THE RED DEVILS P.O. BOX 36291 TOWSON, MD 21286 | 50,000. |
| SUPPORT SERVICES ST. MARY'S HEALTH WAGON 119 NUMBER TEN STREET CLINCHCO, VA 24226 | 25,000. |
| TOTAL INCLUDED ON FORM 990, PART II, LINE 22B | 81,730. |

| FORM 990 | OTHER ASSETS | STATEMENT | 5 |
|-------------------------------------|----------------------|-------------|---|
| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR | |
| DEPOSITS | 3,562. | 3,562. | |
| INTANGIBLE ASSETS | 966. | 826. | |
| TOTAL TO FORM 990, PART IV, LINE 58 | 4,528. | 4,388. | |

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT

6

| SECURITY DESCRIPTION | COST/FMV | CORPORATE STOCKS | CORPORATE BONDS | OTHER PUBLICLY TRADED SECURITIES | TOTAL NON-GOV'T SECURITIES |
|------------------------------|----------|------------------|-----------------|----------------------------------|----------------------------|
| MUTUAL FUNDS | FMV | | | 110,763. | 110,763. |
| TO FORM 990, LINE 54A, COL B | | | | 110,763. | 110,763. |

FORM 990

PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT

7

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|----------------------------------|-------------------|------------------------------|--------------------|
| BRENDA LOUBE 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286 | CHAIRPERSON OF THE BOARD 3.00 | 0. | 0. | 0. |
| FRANCES KATSHA 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286 | BOARD MEMBER 3.00 | 0. | 0. | 0. |
| GEORGE BROWN 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286 | SECRETARY 3.00 | 0. | 0. | 0. |
| PHYLLIS WOLF 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286 | PRESIDENT 40.00 | 126,500. | 3,795. | 0. |
| TAMMY WAGNER 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286 | VICE PRESIDENT 40.00 | 91,840. | 2,755. | 0. |
| BRUCE MUELLER 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286 | BOARD MEMBER 3.00 | 0. | 0. | 0. |
| DAWN CUMMINGS 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286 | BOARD MEMBER 3.00 | 0. | 0. | 0. |

| | | | | |
|---|-------------------------------|----------|--------|----|
| ARMEE WEIL 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286 | CONTROLLER 40.00 | 85,000. | 0. | 0. |
| PAMELA MINTER 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286 | MAJOR GIFTS DIRECTOR 40.00 | 85,000. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V-A | | 388,340. | 6,550. | 0. |

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 8

INDIVIDUAL'S NAME

TITLE OR ROLE

PHYLLIS WOLF

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

JOSEPH WOLF

OWNER OF NON PROFIT PROMOTIONS

EXPLANATION OF RELATIONSHIP

FAMILY MEMBERS

SCHEDULE A

OTHER INCOME

STATEMENT 9

| DESCRIPTION | 2006 AMOUNT | 2005 AMOUNT | 2004 AMOUNT | 2003 AMOUNT |
|------------------------------|----------------|----------------|----------------|----------------|
| OTHER INCOME | 0. | 0. | 0. | 225. |
| TOTAL TO SCHEDULE A, LINE 22 | 0. | 0. | 0. | 225. |

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 8

INDIVIDUAL'S NAME

TITLE OR ROLE

PHYLLIS WOLF

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

JOE WOLF

OWNER OF NON PROFIT PROMOTIONS

EXPLANATION OF RELATIONSHIP

FAMILY MEMBERS

SCHEDULE A

OTHER INCOME

STATEMENT 9

DESCRIPTION

2006
AMOUNT2005
AMOUNT2004
AMOUNT2003
AMOUNT

OTHER INCOME

0.

0.

0.

225.

TOTAL TO SCHEDULE A, LINE 22

0.

0.

0.

225.

LIST OF STATES WHERE REGISTERED

Alabama: Consumer Protection Section, 11 South Union Street, Montgomery, AL 36130
Alaska: Alaska Department Of Law, 1031 W. 4th Ave., Suite 200, Anchorage, AK 99501
Arkansas: Consumer Protection Division, 323 Center Street, 200 Tower Bldg, Little Rock, AR 72201
Arizona: Charitable Organization Registration, 1700 W Washington St., 7th Floor, Phoenix, AZ 85007
California: Registry Of Charitable Trusts, 1300 I Street, Suite 101, Sacramento, CA 95814
Colorado: Office Of The Secretary Of State, 1560 Broadway, Suite 200, Denver, CO 80202
Connecticut: Public Charities Unit, 55 Elm Street, Hartford, CT 06106
Florida: Division Of Consumer Services, 407 S. Calhoun Street, #218, Tallahassee, FL 32399
Georgia: Office Of The Secretary Of State, 2 Martin Luther King Jr. Dr. SE, #802, Atlanta, GA 30334
Illinois: Charitable Trusts & Solicitations Div., 100 W Randolph St., 12th Fl, Chicago, IL 60601
Indiana: Consumer Protection Division, 100 N Senate Ave., Room 201, Indianapolis, IN 46204
Kansas: Secretary Of State's Office, 120 S W. 10th Ave, 1st Flr Mem. Hall, Topeka, KS 66612
Kentucky: Consumer Protection Division, 1024 Capital Center Drive, Frankfort, KY 40601
Jefferson County, Kentucky: Department Of Public Protection, 810 Barret Ave., Suite 128, Louisville, KY 40204
Louisiana: Consumer Protection Section, 301 Main Street, Suite 1250, Baton Rouge, LA 7080
Maine: Licensing & Enforcement Division, State House Station 35, Augusta, ME 04333
Maryland: Charitable Division, State House, Annapolis, MD 21401
Massachusetts: Division Of Public Charities, 1 Ashburton Place, Boston, MA 02108
Michigan: Consumer Protection & Charitable Trust, 690 Law Bldg, 525 W. Ottawa Street, Lansing, MI 48913
Minnesota: Charities Division, 445 Minnesota Street, Suite 1200, St Paul, MN 55101
Mississippi: Office Of The Secretary Of State, P O Box 136, Jackson, MS 39205
Missouri: Public Protection Unit, P O Box 899, Jefferson City, MO 65102
North Carolina: Secretary Of State, 2 South Salisbury Street, Raleigh, NC 27601
New Hampshire: Division Of Charitable Trusts, 33 Capitol Street, Concord, NH 03301
New Jersey: Division Of Consumer Affairs, 124 Halsey Street, 7th Floor, Newark, NJ 07101
New Mexico: , 111 Lomas Blvd, NW, Suite 300, Albuquerque, NM 87102
New York: Department Of State, 41 State Street, 12th Floor, Albany, NY 12207
North Dakota: Secretary Of State, 600 East Boulevard, Bismarck, ND 58505
Ohio: Charitable Foundation Section, 101 East Town Street, Columbus, OH 43215
Oklahoma: Oklahoma Secretary Of State, 2300 N. Lincoln Blvd, Room 101, Oklahoma City, OK 73105
Oregon: Department Of Justice, 1515 SW 5th Avenue, Suite 410, Portland, OR 97201
Pennsylvania: Bureau Of Charitable Organizations, 207 North Office Building, Harrisburg, PA 17120
Rhode Island: Charitable Organization Section, 233 Richmond Street, Suite 232, Providence, RI 02903
South Carolina: Office Of The Attorney General, P.O. Box 11350, Columbia, SC 29211
Tennessee: Division Of Charitable Solicitations, 312 Eighth Avenue North, 8th Floor, Nashville, TN 37243
Utah: Division Of Consumer Protection, 160 East 300 South, Salt Lake City, UT 45804
Virginia: Office Of The Attorney General, 1100 Bank Street, Richmond, VA 23219
Washington: Charitable Solicitation Division, 801 Capitol Way South, Olympia, WA 98504
West Virginia: Office Of The Secretary Of State, 1900 Kanawha Blvd, East, Charleston, WV 25305
Wisconsin: Dept Of Regulation & Licensing, 1400 E. Washington Avenue, Madison, WI 53702

AMERICAN BREAST CANCER FOUNDATION
Depreciation Expense [Depreciation]
GAAP

ument Extended Storage\795281-1\THE AMERICAN BREAST CANCER FOUNDATION, INC - 01323000\Extended\ASSET
For the Period April 1, 2007 to March 31, 2008

| Asset ID | Placed in service | Depr Meth/Conv | Life Yr Mo | Book Cost | Depr & AFYD This Period | YEAR TO DATE | | | | |
|------------|---|----------------|------------|-----------|-------------------------|----------------------|---------------------|----------------------|-------------------------|-------------------|
| | | | | | | Beginning Accum Depr | Current Depr & AFYD | Net Sec 179/Sec 179A | Net Additions Deletions | Ending Accum Depr |
| Class COMP | | | | | | | | | | |
| AMBR000760 | DELL COMPUTER - TAMMY | | | | | | | | | |
| | 02/03/2002 | SL100FM | 5 0 | 1,947 94 | 0 00 | 1,947 94 | 0 00 | 0 00 | 0 00 | 1,947 94 |
| AMBR000770 | DELL COMPUTER MAUREEN | | | | | | | | | |
| | 02/03/2002 | SL100FM | 5 0 | 1,967 93 | 0 00 | 1,967 93 | 0 00 | 0 00 | 0 00 | 1,967 93 |
| AMBR000780 | DELL COMPUTER | | | | | | | | | |
| | 02/22/2002 | SL100FM | 5 0 | 2,691 75 | 0 00 | 2,691 75 | 0 00 | 0 00 | 0 00 | 2,691 75 |
| AMBR000790 | DELL COMPUTER | | | | | | | | | |
| | 03/03/2002 | SL100FM | 5 0 | 1,182 90 | 0 00 | 1,182 90 | 0 00 | 0 00 | 0 00 | 1,182 90 |
| AMBR000810 | NETWORK SERVER & EQUIPMENT 800MHZ INFOR SERVER, 10 MODEM STATIONS, 10 VOICE & PERIPHERALS | | | | | | | | | |
| | 05/16/2001 | SL100FM | 5 0 | 8,605 00 | 0 00 | 8,605 00 | 0 00 | 0 00 | 0 00 | 8,605 00 |
| AMBR000830 | MULTIFUNCTIONAL IMAGE RUNNER, POWER FILTER DIGITAL WALL MOUNT | | | | | | | | | |
| | 04/01/2004 | SL100FM | 5 0 | 8,322 16 | 1,664 43 | 4,993 29 | 1,664 43 | 0 00 | 0 00 | 6,657 72 |
| AMBR000840 | RAISER'S EDGE COMPUTER SOFTWARE | | | | | | | | | |
| | 05/13/2004 | SL100FM | 5 0 | 20,945 00 | 4,189 00 | 12,217 92 | 4,189 00 | 0 00 | 0 00 | 16,406 92 |
| AMBR000850 | XEON SERVER AND NETWORK INSTALLATION | | | | | | | | | |
| | 05/13/2004 | SL100FM | 5 0 | 4,549 00 | 909 80 | 2,653 58 | 909 80 | 0 00 | 0 00 | 3,563 38 |
| AMBR000860 | COMPUTER MONITOR | | | | | | | | | |
| | 08/24/2004 | SL100FM | 5 0 | 4,143 32 | 828 66 | 2 209 76 | 828 66 | 0 00 | 0 00 | 3,038 42 |
| AMBR000890 | SONY TAPE DRIVE AND HP GHZ PROCESSOR | | | | | | | | | |
| | 01/05/2005 | SL100FM | 5 0 | 2,226 25 | 445 25 | 1,001 81 | 445 25 | 0 00 | 0 00 | 1,447 06 |
| AMBR000920 | COMPUTER - ACERS | | | | | | | | | |
| | 05/31/2005 | SL100FM | 5 0 | 2,165 96 | 433 19 | 830 28 | 433 19 | 0 00 | 0 00 | 1,263 47 |
| AMBR000940 | COMPUTER - NINA | | | | | | | | | |
| | 11/16/2005 | SL100FM | 5 0 | 2,357 51 | 471 50 | 667 96 | 471 50 | 0 00 | 0 00 | 1,139 46 |
| AMBR000950 | NINA'S COMPUTER | | | | | | | | | |
| | 12/06/2005 | SL100FM | 5 0 | 1,083 42 | 216 68 | 288 91 | 216 68 | 0 00 | 0 00 | 505 59 |
| AMBR000980 | COMPUTER AND MONITOR | | | | | | | | | |
| | 01/31/2006 | SL100FM | 5 0 | 1,254 01 | 250 80 | 313 50 | 250 80 | 0 00 | 0 00 | 564 30 |
| AMBR001060 | ACER VERITON 6800 PC | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 1,429 71 | 285 94 | 309 77 | 285 94 | 0 00 | 0 00 | 595 71 |
| AMBR001080 | ACER VERITON 6800 PC | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 1,069 83 | 213 97 | 231 80 | 213 97 | 0 00 | 0 00 | 445 77 |
| AMBR001090 | VIEWSONIC 21" LCD | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 748 16 | 149 63 | 162 10 | 149 63 | 0 00 | 0 00 | 311 73 |
| AMBR001100 | VIEWSONIC 21" LCD | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 748 16 | 149 63 | 162 10 | 149 63 | 0 00 | 0 00 | 311 73 |
| AMBR001110 | LINKSYS ETHERNET PORT SWITCH | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 632 12 | 126 42 | 136 96 | 126 42 | 0 00 | 0 00 | 263 38 |
| AMBR001120 | ACER TRAVELMATE 4200 NOTEBOOK PC | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 1,196 32 | 239 26 | 259 20 | 239 26 | 0 00 | 0 00 | 498 46 |
| AMBR001130 | 3 LINKSYS ETHERNET PCI | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 144 36 | 28 87 | 31 28 | 28 87 | 0 00 | 0 00 | 60 15 |
| AMBR001150 | ACER P4 COMPUTER | | | | | | | | | |
| | 05/09/2006 | SL100FM | 5 0 | 1,032 94 | 206 59 | 189 37 | 206 59 | 0 00 | 0 00 | 395 96 |
| AMBR001160 | COMPAQ ML 350 SERVER | | | | | | | | | |
| | 09/13/2006 | SL100FM | 5 0 | 13,526 93 | 2,705 39 | 1,578 14 | 2,705 39 | 0 00 | 0 00 | 4,283 53 |
| AMBR001170 | ACER 6900 COMPUTER - PROGRAM DEPT | | | | | | | | | |
| | 03/31/2007 | SL100FM | 5 0 | 1,549 05 | 309 81 | 25 82 | 309 81 | 0 00 | 0 00 | 335 63 |
| AMBR001180 | RESEARCHER'S EDGE SOFTWARE | | | | | | | | | |
| | 06/21/2006 | SL100FM | 5 0 | 2,712 50 | 542 50 | 452 08 | 542 50 | 0 00 | 0 00 | 994 58 |
| AMBR001190 | SQL SERVER SP4 | | | | | | | | | |
| | 08/08/2006 | SL100FM | 5 0 | 1,259 94 | 251 99 | 167 99 | 251 99 | 0 00 | 0 00 | 419 98 |
| AMBR001200 | RAISER'S EDGE SOFTWARE | | | | | | | | | |

| Asset ID | Placed in service | Depr Meth/Conv | Life Yr Mo | Book Cost | Depr & AFYD This Period | YEAR TO DATE | | | | |
|--------------------|--------------------------------------|----------------|------------|------------|-------------------------|----------------------|---------------------|----------------------|-------------------------|-------------------|
| | | | | | | Beginning Accum Depr | Current Depr & AFYD | Net Sec 179/Sec 179A | Net Additions Deletions | Ending Accum Depr |
| Class COMP | | | | | | | | | | |
| | 11/02/2006 | SL100FM | 5 0 | 2,445 67 | 489 13 | 203 81 | 489 13 | 0 00 | 0 00 | 692 94 |
| AMBR001210 | TECHSOUP SOFTWARE | | | | | | | | | |
| | 09/22/2006 | SL100FM | 5 0 | 484 00 | 96 80 | 56 47 | 96 80 | 0 00 | 0 00 | 153 27 |
| AMBR001250 | 2 COMPUTERS | | | | | | | | | |
| | 06/30/2007 | SL100FM | 5 0 | 2,477 58 | 412 93 | 0 00 | 412 93 | 0 00 | 0 00 | 412 93 |
| AMBR001280 | BLACKBAUD COMPUTER SOFTWARE | | | | | | | | | |
| | 02/01/2008 | SL100FM | 5 0 | 15,871 06 | 529 04 | 0 00 | 529 04 | 0 00 | 0 00 | 529 04 |
| Subtotal COMP (30) | | | | 110,770 48 | 16,147 21 | 45,539 42 | 16,147 21 | 0 00 | 0 00 | 61,686 63 |
| Class F & F | | | | | | | | | | |
| AMBR000580 | GLASS END TABLE | | | | | | | | | |
| | 05/01/1997 | MS100AHY | 7 0 | 200 00 | 0 00 | 199 14 | 0 00 | 0 00 | 0 00 | 199 14 |
| AMBR000630 | PEDESTAL TABLES | | | | | | | | | |
| | 04/15/1998 | SL100FM | 7 0 | 375 00 | 0 00 | 375 00 | 0 00 | 0 00 | 0 00 | 375 00 |
| AMBR000640 | 8 LEATHER CHAIRS | | | | | | | | | |
| | 04/23/1998 | SL100FM | 7 0 | 1,160 00 | 0 00 | 1,146 29 | 0 00 | 0 00 | 0 00 | 1,146 29 |
| AMBR000900 | OFFICE FURNITURE | | | | | | | | | |
| | 10/23/2004 | SL100FM | 7 0 | 1,129 95 | 161 42 | 403 55 | 161 42 | 0 00 | 0 00 | 564 97 |
| AMBR001030 | DESK | | | | | | | | | |
| | 03/09/2006 | SL100FM | 7 0 | 991 94 | 141 71 | 153 52 | 141 71 | 0 00 | 0 00 | 295 23 |
| AMBR001040 | DESK | | | | | | | | | |
| | 03/10/2006 | SL100FM | 7 0 | 1,059 94 | 151 42 | 164 04 | 151 42 | 0 00 | 0 00 | 315 46 |
| AMBR001050 | CHAIRS AND DESKS | | | | | | | | | |
| | 03/10/2006 | SL100FM | 7 0 | 1,079 93 | 154 28 | 167 14 | 154 28 | 0 00 | 0 00 | 321 42 |
| Subtotal F & F (7) | | | | 5,996 76 | 608 83 | 2,608 68 | 608 83 | 0 00 | 0 00 | 3,217 51 |
| Class LHIM | | | | | | | | | | |
| AMBR001140 | TENANT IMPROVEMENTS | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 10,466 00 | 2,093 20 | 2,267 63 | 2,093 20 | 0 00 | 0 00 | 4,360 83 |
| Subtotal LHIM (1) | | | | 10,466 00 | 2,093 20 | 2,267 63 | 2,093 20 | 0 00 | 0 00 | 4,360 83 |
| Class OFF | | | | | | | | | | |
| AMBR000420 | MAILING MACHINE | | | | | | | | | |
| | 06/10/1999 | SL100FM | 5 0 | 19,258 00 | 0 00 | 19,258 00 | 0 00 | 0 00 | 0 00 | 19,258 00 |
| AMBR000880 | ELECTRONICS/APPLIANCES FROM BEST BUY | | | | | | | | | |
| | 09/23/2004 | SL100FM | 5 0 | 5,514 13 | 1,102 83 | 2,848 98 | 1,102 83 | 0 00 | 0 00 | 3,951 81 |
| AMBR000910 | FAX / COPIER - JO'S OFFICE | | | | | | | | | |
| | 04/01/2005 | SL100FM | 5 0 | 1,797 53 | 359 51 | 719 02 | 359 51 | 0 00 | 0 00 | 1,078 53 |
| AMBR000930 | NEW PHONE SYSTEM | | | | | | | | | |
| | 10/03/2005 | SL100FM | 7 0 | 6,774 00 | 967 71 | 1,451 57 | 967 71 | 0 00 | 0 00 | 2,419 28 |
| AMBR000960 | PRINTER - MARY | | | | | | | | | |
| | 01/03/2006 | SL100FM | 5 0 | 672 57 | 134 51 | 168 14 | 134 51 | 0 00 | 0 00 | 302 65 |
| AMBR000970 | PRINTER - MAUREEN | | | | | | | | | |
| | 01/19/2006 | SL100FM | 5 0 | 672 57 | 134 51 | 168 14 | 134 51 | 0 00 | 0 00 | 302 65 |
| AMBR001010 | PAM'S PRINTER | | | | | | | | | |
| | 03/31/2006 | SL100FM | 5 0 | 2,584 07 | 516 81 | 559 88 | 516 81 | 0 00 | 0 00 | 1,076 69 |
| AMBR001220 | PRINTER - MARY | | | | | | | | | |
| | 04/06/2006 | SL100FM | 5 0 | 1,168 54 | 233 71 | 233 71 | 233 71 | 0 00 | 0 00 | 467 42 |
| AMBR001230 | CANON FAX MACHINE | | | | | | | | | |
| | 07/05/2006 | SL100FM | 5 0 | 1,273 81 | 254 76 | 191 07 | 254 76 | 0 00 | 0 00 | 445 83 |
| AMBR001240 | PRINTER - EMILY | | | | | | | | | |
| | 01/15/2007 | SL100FM | 5 0 | 1,284 39 | 256 88 | 64 22 | 256 88 | 0 00 | 0 00 | 321 10 |
| AMBR001260 | FAX/COPIER | | | | | | | | | |
| | 04/17/2007 | SL100FM | 10 0 | 6,284 45 | 628 45 | 0 00 | 628 45 | 0 00 | 0 00 | 628 45 |
| AMBR001270 | PRINTER | | | | | | | | | |
| | 06/18/2007 | SL100FM | 10 0 | 1,302 81 | 108 57 | 0 00 | 108 57 | 0 00 | 0 00 | 108 57 |
| AMBR001290 | OFFICE EQUIPMENT | | | | | | | | | |
| | 09/26/2007 | SL100FM | 10 0 | 1,360 72 | 79 38 | 0 00 | 79 38 | 0 00 | 0 00 | 79 38 |
| AMBR001300 | OFFICE EQUIPMENT | | | | | | | | | |

| Asset ID | Placed in service | Depr Meth/Conv | Life Yr Mo | Book Cost | Depr & AFYD This Period | YEAR TO DATE | | | | |
|--------------------------|----------------------|-------------------|---------------|------------|----------------------------|-------------------------|------------------------|-------------------------|----------------------------|----------------------|
| | | | | | | Beginning Accum Depr | Current Depr & AFYD | Net Sec 179/Sec 179A | Net Additions Deletions | Ending Accum Depr |
| <i>Class OFF</i> | 10/15/2007 | SL100FM | 10 0 | 1,680 57 | 84 03 | 0 00 | 84 03 | 0 00 | 0 00 | 84 03 |
| <i>Subtotal OFF (14)</i> | | | | 51,628 16 | 4,861 66 | 25,662 73 | 4,861 66 | 0 00 | 0 00 | 30,524 39 |
| <i>Grand Total</i> | | | | 178,861 40 | 23,710 90 | 76,078 46 | 23,710 90 | 0 00 | 0 00 | 99,789 36 |

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

| | | |
|---|--|---|
| Type or print | Name of Exempt Organization THE AMERICAN BREAST CANCER FOUNDATION INC. | Employer identification number 52-2031814 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1220-B EAST JOPPA ROAD, NO. 332 | |
| File by the due date for filing your return. See instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21286 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **PHYLLIS WOLF**

Telephone No. ▶ **410-825-9388**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning **APR 1, 2007**, and ending **MAR 31, 2008**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|--|-----------|---------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ N/A |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)